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Perceived Parental Criticism Exacerbate Symptoms of Borderline Personality Disorder Ameliorated by Self-Control in Young Adults

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This study investigated the relationship between perceived parental criticism (PPC) and symptoms of borderline personality disorder (BPD) attenuated by self-control (SC) in young adults. A convenient sample of 139 women and 111 men (N = 250), university students, with an age range of 19 to 30 years (M = 21.34, SD = 1.81) were asked to complete Family Emotional Involvement and Criticism Scale (FEICS, Shields et al., 1992), Brief Self-control Scale (Brief SCS, Tangney et al., 2004), and Borderline Personality Inventory Cut-20 (BPI Cut-20, Leichsenring, 1999). Mediation analyses revealed that PPC did not predict symptoms of BPD directly, however, PPC indirectly did squelch BPD symptoms through SC; PPC negatively and significantly predicted SC, and SC also negatively and significantly predicted BPD symptoms. We will discuss these relationships in clinical contexts where therapy could alter SC in people to reduce their BPD symptoms and perceived parental criticisms.

Keywords: perceived parental criticism, self-control, borderline personality disorder

Criticism in general and parental criticism, in particular, results in unhealthy relationships with children (Narusyte, et al., 2011). This study aims to understand the relationship between perceived parental criticism (PPC) and symptoms of Borderline Personality Disorder (BPD), and how self-control (SC) mediates this relationship in young adults. The perception that others are critical, is defined as *perceived criticism* (Renshaw, 2007), and when children perceive parents as critical it is called *PPC*. The quality of the parent-child relationship is affected by this perception. In cases where a child perceives parents to be warm, accepting, nurturing, and responsive, the parent-child bond and interactions are positive and strong, however, if the child perceives parents to be cold, rejecting, indifferent, and unresponsive, the bond and interactions are negative and superficial (Cheng & Fernham, 2004; Holden & Miller, 1999). Positive bonds are usually observed in authoritative parenting, and negative in indulgent and authoritarian parenting (Bi et al., 2018). People who perceive others to be critical can misinterpret neutral information that affects their emotional health which may lead to the development of emotional disorders (Masland et al., 2015) or heighten symptoms of an existing mental disorder, like BPD.

Lack of SC leads to undesirable and inappropriate impulses that can generate negative thoughts, emotions, and behavior (Carver & Scheier, 1998; Finkenauer et al., 2005; Muraven & Baumeister, 2000; Tangney et al., 2004). Referred to as the *cool system*, SC soothes extreme emotional cognitions, and generates reflective thinking and behavior (Fujita et al., 2006). Two forms of SC, one that works at the conscious level and the other at the unconscious level, puts SC to exert effort at the conscious level where a person consciously avoids, maintains, or inhibits emotions, thoughts, and behavior that can be physically or mentally damaging, for instance, controlling oneself from eating sweet desserts when diabetic, or avoiding people that are pessimistic in nature. Unconscious SC (in a Freudian sense) regulates impulses, desires, and expressions of the ego (de Ridder et al., 2012) resulting in coping mechanisms like repression. Parenting is a crucial aspect of personality development in children who can learn SC, which is why parental interactions with children determine their SC (Beaver et al., 2010).

Individuals who can inhibit antisocial impulses enjoy healthy and happy life (Rothbaum et al., 1982; Tangney et al., 2004), but those who cannot and have low SC (Duckworth & Kern, 2011; Duckworth & Seligman, 2005; Ridder et al., 2012; Tangney et al., 2004), experience negative

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effects in life and behaviors, such as delinquency, substance abuse, risky sexual activities, poor academic performance, criminal behavior, aggressiveness, inability to deal with stress, and focus on short-term goals (Kahn et al., 2002; Tangney et al., 2004; Vazire & Funder, 2006; Wulfert et al., 2002). Among nine different symptoms of BPD (DSM-5) that include, imagined or real abandonment and efforts to avoid it, intense and unstable interpersonal relationships, identity disturbance, suicidality, affective instability, feelings of emptiness, difficulty in controlling anger, dissociative symptoms and paranoid ideations, and impulsivity (APA, 2013), it is *impulsivity* (or lack of SC) that plays a major role in the development of BPD (Barker, 2015).

Westphal et al. (2016) report, that adverse parenting is related to a number of disorders that include post-traumatic stress disorder, major depressive disorder, and BPD. This suggests, when parents do not understand the psychological needs of children, and engage in maladaptive parenting, it negatively affects the psychological growth of children. When children perceive their parents to be excessively critical, it increases their distress, hence, children usually avoid them (Rosenthal, 2006) to reduce distress. Beaver et al. (2010) suggest parents are responsible for developing SC in children. Regardless of family composition, children who live in nurturing and accepting families have high SC (Phythian et al., 2008). Children who have low SC suffer from mental and physical ill-health (Boals et al., 2011) and express greater impulsivity (or lack of SC), emotional dysregulation, and a greater number of BPD symptoms (Jacob et al., 2010; Sajadi et al., 2015).

The current study is significant for many reasons, one, it highlights the significance of the perception of parental criticism and personality dysfunction helping parents to be cognizant of mechanisms like warmth, acceptance, nurturing, and responsiveness so that they can establish positive bonds with their children. The study will also be significant for family therapists that can assess PPC in young adults and help them weed out inappropriately perceived criticisms and help parents if are unduly critical and harsh. The therapists can also educate young clients in building stronger SC that would reduce BPD symptoms and PPC.

The authors expect, PPC would positively predict BPD symptoms, i.e., greater perceived parental criticism would generate greater BPD symptoms. In addition, SC would mediate between PPC and BPD symptoms i.e., authors expect PPC would negatively predict SC, greater PPC would lead to weaker SC, and SC would negatively predict BPD symptoms, i.e., weaker SC would predict higher magnitude of BPD symptoms. The authors do not expect to find gender differences in BPD (Qain et al., 2022), PPC, or SC in young adults.

Method

Sample

A convenient sample of 111 young men and 139 women (N = 250) recruited from private and public universities in Lahore was used in this study. Their age ranged from 19 to 30 years (M = 21.34, SD = 1.81). They were included in the study if they had 12 years (intermediate) education and were physically healthy; and were excluded if they were cared for by a guardian or were living alone.

Table 1

Demographic Characteristics of the Sample (N=250)

Variables	*M (SD)*	*f (%)*
Age	21.34 (1.81)	--
Mean Family Monthly Income	161030.15 (278356.90)	--
University		
Private		172 (68.8)
Public		78 (31.2)
Gender		
Male		111 (44.4)
Female		139 (55.6)
Education		
Undergraduate		240 (96)
MPhil/ MS		10 (4)
Marital Status		
Unmarried		244 (97.6)
Engaged		6 (2.4)
Geographical Location/ Residence		
Urban		202 (80.8)
Rural		48 (19.2)
Family System		
Nuclear		169 (67.6)
Joint		81 (32.4)
Alive Parent		
Mother		23 (9.2)
Father		6 (2.4)
Both		221 (88.4)
None		--
Stepparent		
Mother		13 (5.2)
Father		--
Both		--
None		237 (94.8)

Note. Private university = 1, public university = 2, male = 1, female = 2, undergraduate = 1, Mphil/MS = 2, unmarried = 1, engaged = 2, , urban = 1 , rural = 2, nuclear = 1, joint = 2, mother = 1, father = 2, both = 3, none = 4.

Assessment Measures

Demographic Information Sheet

The survey packet contained a demographic information sheet that documented variables like age, gender, university, religion, marital status, education, geographical location/residence, mean family monthly income, family system, and parental status (alive, stepparent, etc.).

Family Emotional Involvement and Criticism Scale (FEICS)

Developed by Shields et al. (1992), FEICS is a 14-item measurement tool with two subscales, Perceived Criticism (PC, 7 items) and emotional involvement (EC, 7 items). Each item

is measured on a 5-point Likert scale; *Almost Never* (0), *Once in a While* (1), *Sometimes* (2), *Often* (3), and *Almost Always* (4). In the current study, perceived criticism subscale was used to measure perceived parental criticism which contained items like, "My parents approves of most everything I did." Items 2 and 8 were reversed scored. The composite score ranged from 0 to 28, with higher scores measuring greater perceived parental criticism. Shields et al. (1994) in a subsequent study with 928 patients (33+ years) from Family Medicine Practice reported acceptable internal consistency for emotional involvement (α = .76) and good internal consistency for perceived criticism (α = .82). In the present study, internal consistency for perceived criticism subscale was low (α =.58) which might be due to the cultural difference in perceiving certain parental behaviors as critical. Shields et al. (1994) report FEICS is a valid measurement tool because it has good criterion validity with other measures of anxiety, depressive symptoms, and perceived health. And has significant negative construct validity with adaptability, cohesion, and social support scales (Shields et al., 1992).

Brief Self-Control Scale (Brief SCS)

Developed by Tangney et al. (2004) Brief SCS included 13 items, where each item is measured on a 5-point Likert scale: *Not at all like me* (1), *unlike me* (2), *sometimes like me* (3), *like me* (4), and *very much like me* (5). Items include, "I am lazy," "I wish I had more self-discipline," "I have a hard time breaking bad habits" etc. Items 5, 7, 8, and 11 were reversed-scored. The composite score ranged from 13 to 65, where a higher score indicated a higher level of SC. Tangney et al. (2004) tested 606 university students (18-55 years), reported good internal consistency (α = .83 to .85) and good test-retest reliability (r = .87) for Brief SCS. For the current study, the internal consistency was low (α = .66). This lower reliability could be due to the limited number of items in scale compared to the full form of self-control scale which might have caused hindrance in comprehensively covering all aspects of self-control. In the study with 553 participants, Brief SCS had a good criterion validity with BPD and antisocial personality disorder which have the symptoms of impulsivity (Tangney et al., 2014).

Borderline Personality Inventory Cut-20 (BPI Cut-20)

To measure borderline personality symptoms in young adults, BPI Cut-20 was used (Leichsenring, 1999). This inventory is composed of 20 dichotomous items. In the current study, the scale was used for a nonclinical population, therefore converted into a 5-point Likert scale that ranges from "*Not at all like me (1)*" to "*Very much like me (5)*" (Fossati et al., 2014; Kaehler & Freyd, 2009; Leichsenring & Chabrol, 2006). A higher score (equal to or greater than 60) corresponds to greater BPD pathology and vice versa. Examples of items in BPI Cut-20 are "I often wonder who I really am", I often take risks that can cause trouble for me", and "I feel smothered when others show deep concern towards me". The value of Cronbach's alpha was .85 and the value of test-retest reliability was .89 (Leichsenring, 1999). In the current study, the value of Cronbach's Alpha was .83.

Design

The study was based on a cross-sectional research design to investigate the relationship of PPC, SC, and BPD symptoms in young adults. First, permission for all scales was acquired from the respective authors, followed by permission from different universities to use participants for the study. Participants were briefed about the study and were asked to sign the informed consent form before they completed the packet with the three scales and a demographic sheet. Participants were

free to participate and quit the study whenever they wanted. All participants had rights of privacy, confidentiality, and anonymity.

They were given as much time as they needed to complete the packet. To test the difficulty of answering questions on the scales, a pilot study with 30 students was carried out; participants did not report any significant difficulties comprehending or answering items on all the scales. Of 306 questionnaires given out 250 were adequate for statistical analyses and were included in the results.

Results

Table 2 shows low internal consistencies for two scales, PPC in men was significantly more than in women, however, no gender differences were revealed for Brief SCS and symptoms of BPD Cut-20. In addition, data analysis revealed, PPC is positively associated with BPD Cut-20, but negatively with Brief SCS. And Brief SCS negatively associated with BPD Cut-20, aligned with proposed hypotheses.

Table 2

Descriptive Statistics and Intercorrelations among Scales and Subscales

			Mean (SD)			95% CI		PP	Brief-	BPD
Scales	α	*k*	Men	Women	*t*	LL	UL	C	SCS	Cut-20
PPC	.58	7	13.01(4.75)	11.82(4.49)	2.01*	.02	2.33	-	-.30***	.23***
Brief-SCS	.66	13	39.70(6.57)	38.77(6.71)	1.13	-.70	2.62		-	-.50***
BPD Cut-20	.83	20	55.12(11.15)	56.40(12.99)	-.82	-4.33	1.78			-

Note. PPC = Perceived Parental Criticism, a subscale of Family Emotional Involvement and Criticism Scale, Brief-SCS = Brief Self-Control Scale, BPD Cut-20 = Bipolar Personality Disorder Cut-20, k = Number of items, α = Cronbach's alpha
*$p < .05$, ***$p < .001$.

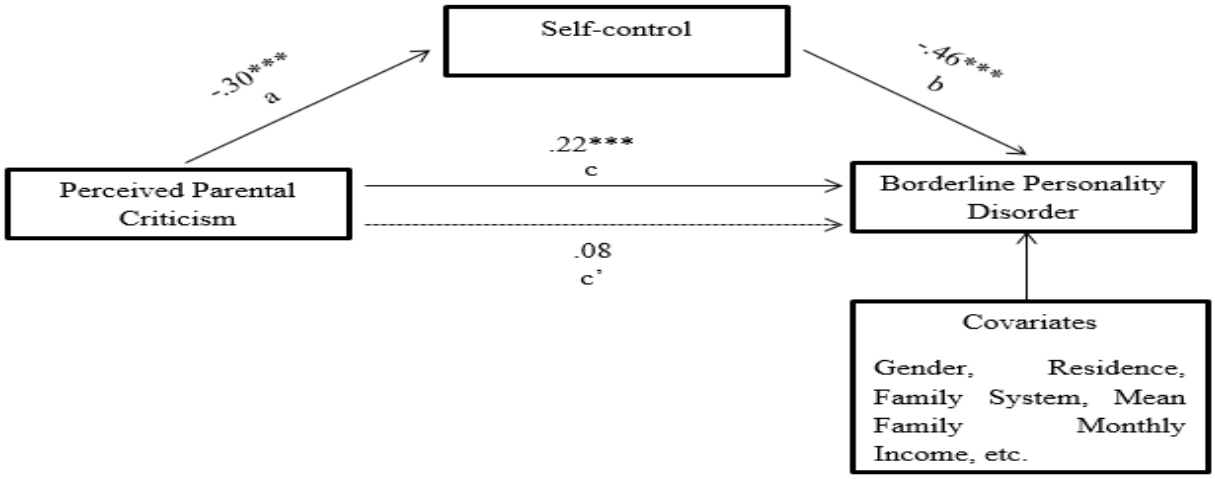
Mediation analysis (Table 3) however, did not support the first hypothesis, i.e., PPC did not directly account for BPD symptoms ($\beta = .09$, $p > .05$), but PPC did indeed indirectly influenced BPD symptoms, such that PPC negatively and significantly predicted self-control ($\beta = -.30$, $p < .000$) and self-control negatively and significantly predicted BPD symptoms ($\beta = -.46$, $p < .000$) confirming the last two hypotheses. A Bootstrap CI method found PPC indirectly predicted BPD symptoms ($\beta = .14$, BLLCI = .08, BULCI = .21; Figure 1) and confirmed the mediating role of self-control between PPC and BPD symptoms ($F(1, 248) = 25.32$, $p < .001$, $F(6, 243) = 14.61$, $p < .001$). Demographic variables did not have any effect on BPD symptoms as expected (see Table 3).

Table 3

Mediation Analysis among PPC, Symptoms of BPD and Self Control

	Consequent					
	Self-Control			BPD Symptoms		
Antecedent	*β*	*SE*	*p*	*β*	*SE*	*p*
Perceived Parental Control	-.30	.60	.000	.09	.06	.14
Self-Control	--	--	--	-.46	.06	.000
Control						
Gender	--	--	--	.00	.06	.95
Marital status	--	--	--	.07	.06	.19
Residence	--	--	--	-.09	.06	.13
Family system	--	--	--	.01	.06	.88
	$R^2 = .09$			$R^2 = .27$		
	$F(1, 248) = 25.32$, $p < .001$			$F(6, 243) = 14.61$, $p < .001$		

Figure 1



Discussion

The results revealed that PPC did not directly predict (especially positively) the BPD symptoms. It might be possible that some other variables such as social support, positive coping strategies, resilience, etc. moderated this relationship and protected the individuals from developing symptoms of BPD (Farshi, Sharifi, & Rad, 2013; Mann, Hosman, Schaalma, & De Vries, 2004; Rosenthal, 2006; Zeigler–Hill & Abraham, 2006). While transitioning into young adulthood phase of life, individuals also develop romantic relationships and experience many stressors that could become more influential than perceiving parents critical, and interact with PPC in a way that could affect its contribution to developing symptoms of BPD.

The second hypothesis was supported, PPC significantly and negatively predicted SC. This finding aligns with previous studies like, Beaver et al. (2010) and Finkenauer et al. (2005) that reported, individuals who face maladaptive parenting, i.e., parental rejection, parental criticism, have trouble in self-controlling ability and can lead to emotional and behavioral problems. Parents

who try to control their children by using criticism often underestimate the basic psychological needs of their children such as autonomy, competence, and relatedness (Ryan & Deci, 2004). These authors suggest thats psychological needs are necessary for the integrity and organization of the self, which disrupts when parents are perceived as critical. Beaver et al. (2010) also reported effective parenting predicts stronger development of SC in children. Other studies have shown that when children are not accepted by parents, it negatively affects SC (Phythian et al., 2008).
Furthermore, SC significantly and negatively affected BPD symptoms in young adults. Boals et al. (2011) showed, high SC is linked with positive mental and physical health. And others have reported SC improves interpersonal relationships and adjustment, emotional balance, secure attachment, good grades, less substance abuse and binge eating, etc. (Tangney et al., 2004). Other studies have reported (Johnson et al., 2017; Sajadi et al., 2015) that low SC predicts BPD symptoms; and can reduce spontaneity and affective reactivity which are etiological factors that are observed at the onset of BPD (Johnson et al., 2017; Trull et al., 2000). In addition, low SC also led to the development of the BPD (Hallquist et al., 2015). Biosocial theory of BPD (Linehan, 1993) explains, when children perceive their parents as critical, it confuses them between right and wrong, so they start to depend on external cues for their emotional and behavioral display, which gradually lowers their ability to SC. Then, low SC increases impulsiveness in them, which is a core symptom of BPD.

The final set of hypotheses about demographic variables did not account for BPD symptoms, however, gender differences were significant for PPC, men perceived parental criticism more than women. Females mature earlier than males because parents show greater strictness and criticism toward female children in Pakistan, therefore, they are more tolerant towards parental criticism (Bhatti & Khoso, 2013) than males.

Limitations and Recommendations

This study is correlational in nature, the effect of PPC on BDP or SC is based on associations, not in cause-effect relationships, because PPC and SC could not be manipulated. Because the reliability of the two scales was low in our study, we think with larger samples direct effect of PPC on BPD symptoms could be revealed. With larger samples, we could also screen a set of people with clinical BPD symptoms and test our mediation model more effectively. Future studies should also look at perceived criticism from the mother and father separately to document a differential effect of these perceptions on BPD symptoms. It is also recommended that future studies should test parents for their criticisms and match them up with PPC verifying cognitive distortion in children and test the mediation model above.

Conclusion

This study is useful for clinicians who treat BPD in young adults; clinical assessment of perceived criticism from parents can be used as a barometer to gauge if BPD symptoms increase. If they do, therapists can work on the perceptions of these young adults helping them reduce their dissonances (alter parental criticism schemas) and reduce their BPD symptoms. Clinicians can also work on SC in patients to improve resilience lowering symptoms of BPD. We conclude that PPC affects BPD symptoms indirectly through SC, which signifies the importance of SC for reducing symptoms of BPD helping sufferers improve positive behaviors like interpersonal relationships.

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